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I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 66547 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 66547 Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone Email I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Jong Yang Yun President of Samsang Electronics Co., Ltd. Date Telephone NOTE: Signatures of all the inventignature is required, see below. ecord of the entire improst or their representative(s) are required. Submit multiple forms if more than one forms are submitted

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